

PLANNING
RECOMMENDATION
SIGNATURE AND DATE

CITY OF RENO

SUPPLEMENTAL APPLICATION

1 East First Street • 2nd Floor • Reno • Nevada • 89501
P.O. BOX 1900 • RENO • NEVADA • 89505
775.334.2090 ph 775 334 6336 fx
PLEASE PRINT WITH BLACK/BLUE INK ONLY

For internal use only	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Home Based
<input type="checkbox"/> Not in city(NIC)	<input type="checkbox"/> Admin Office
<input type="checkbox"/> Dancer	<input type="checkbox"/> Special Event
<input type="checkbox"/> Contractor	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Shared Space/ Booth Rental	<input type="checkbox"/> TSFR _____
<input type="checkbox"/> Privilege License	<input type="checkbox"/> Other _____

1. TODAY'S DATE: _____ 20____ 2. DATE OF CHANGE: _____ 20____

3. BUSINESS NAME: _____

4. CORPORATE NAME (if applicable): _____

5. LICENSEE'S FULL NAME: _____ 6. DATE OF BIRTH: _____
(MUST BE AN INDIVIDUAL'S NAME)

7. FEDERAL TAX ID# (EIN): _____ (Required if Corporation) 8. BUSINESS PHONE: _____

9. BUSINESS PHYSICAL ADDRESS: _____ 10. ALTERNATE PHONE: _____

SUITE: _____ CITY: _____ ST: _____ ZIP: _____

11. BUSINESS MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

12. ☐ SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ ASSOCIATION/ EMAIL ADDRESS _____

13.

DESCRIBE NATURE OF BUSINESS, PRODUCTS TO BE SOLD, SERVICES TO BE RENDERED, ETC. BE SPECIFIC AND COMPLETE.

14. List individuals with interest or ownership in the business

FULL NAME	TITLE	ADDRESS	DOB
1.			
2.			
3.			
4.			

15.

<input type="checkbox"/> CHANGE OF PHYSICAL ADDRESS <input type="checkbox"/> CHANGE OF BUSINESS NAME <input type="checkbox"/> CHANGE OF LICENSEE <input type="checkbox"/> OTHER	DATE OF CHANGE:	# OF RENTAL UNITS:
	PREVIOUS PHYSICAL ADDRESS:	
	PREVIOUS BUSINESS NAME:	
	NAME OF PREVIOUS OWNER/LICENSEE:	

16. If this applying individual or any member of this applying firm has been convicted in this state or elsewhere within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses and the punishments assessed therefore.

I CERTIFY UNDER PENALTY FOR PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLIATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. SIGNATURE: _____ TITLE: _____ DATE: _____

Business License :	Fee \$	Receipt #	Effective Date:
Penalty Fee:	Fee \$	Receipt #	Expiration Date:
Zoning Inspection :	Fee \$ 100.00	Receipt #	Sewer Account:
Administrative Fee:	Fee \$ 23.00	Receipt #	Parcel #:
Other Fee:	Fee \$	Receipt #	

HEALTH RECOMMENDATION	POLICE RECOMMENDATION	FIRE RECOMMENDATION	OTHER RECOMMENDATION	ACCOUNT NUMBER

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)		Type of Business		Business Telephone Number	
Business Address		City	State	Zip Code	
Federal Identification No.		Social Security No.		Contractor's Board License No.	
Name of Principal Owner (Please Print)				Principal Owner's Telephone No.	
Principal Owner's Address		City	State	Zip Code	

Identified as: (Complete one section only)

- () That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage	Account Number
-----------------------------------	-----------------------

- () That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

- () That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date	Certificate Number
-----------------------	---------------------------

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print)		Applicant's Telephone No.	
Applicant's Residence Address	City	State	Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
--	--------------------------

Witness Signature - (Business License Office Employee)	Name of City or County
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If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

D-25(1) (rev. 3/01)

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

For internal use only	
<input type="checkbox"/> New License/Liquor	<input type="checkbox"/> New License/Cabaret
<input type="checkbox"/> New License/Gaming	<input type="checkbox"/> New License Privileged
<input type="checkbox"/> Change of Ownership Liquor	<input type="checkbox"/> Safe Scape Insp req'd
<input type="checkbox"/> Change of Ownership Gaming	
<input type="checkbox"/> Supplemental Cabaret/Liq _____ (Adding on)	
<input type="checkbox"/> Supplemental Privileged	
<input type="checkbox"/> Privileged _____	

CITY OF RENO

PRIVILEGED BUSINESS LICENSE APPLICATION

1 East First Street • 2nd Floor • Reno • Nevada • 89501
P.O. BOX 1900 • RENO • NEVADA • 89505
775.334.2090 ph 775.334.6336 fx
PLEASE PRINT WITH BLACK/BLUE INK ONLY

1. DATE OF APPLICATION: _____ 20____ 2. BUSINESS START DATE: _____ 20____

3. BUSINESS NAME: _____

4. CORPORATE NAME (if applicable): _____

6. LICENSEE'S FULL NAME: _____ 7. DATE OF BIRTH: _____
(MUST BE AN INDIVIDUAL'S NAME)

8. FEDERAL TAX ID# OR SS: _____ 9. BUSINESS PHONE: _____

10. BUSINESS PHYSICAL ADDRESS: _____ 11. ALTERNATE PHONE: _____

SUITE: _____ CITY: _____ ST: _____ ZIP: _____

12. BUSINESS MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

13. ☐ SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ ASSOCIATION

14. BUSINESS OPERATION DESCRIPTION:
Cabaret Entertainer <input type="checkbox"/> 1 st Year's Estimated Gross Receipts _____

15. ALL PERSONS WHOSE NAMES APPEAR ON THIS APPLICATION MUST BE FINGERPRINTED BY RENO POLICE DEPARTMENT

FULL NAME	TITLE	ADDRESS	SS#	DOB
1.				
2.				
3.				
4.				

16. If applying for slot/video poker machines being placed in your location by a vendor, please provide the following:	
Vendor's Business name: _____	
Are they Leasing the Space? Yes <input type="checkbox"/> OR	Are you doing this on Participation Basis? Yes <input type="checkbox"/>
Include the number of slot/video poker machines being applied for here: _____	Please attach a list of all other games being applied for. _____

I CERTIFY UNDER PENALTY FOR PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. SIGNATURE: _____ TITLE: _____ DATE: _____

License Type	Fee Amount	Receipt #	Effective Date	Expiration Date
License Type				
Planning Inspection fee				
Penalty Fee				
Administrative Fee				
Background Check				
			Sewer Account:	
			Parcel# :	

PLANNING	POLICE	COUNCIL	OTHER	ACCOUNT NUMBER
RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	

FOR LIQUOR AND/OR GAMING ONLY

19. My present home address is _____ Telephone _____

The Reno Police Department may recommend denial of an application if the applicant has been convicted during the past 10 years of any of the following offenses as set forth in RMC 5.05.008(5), as amended. If this applying individual or any member of this applying firm has been convicted in this state or elsewhere within the past ten years of any offense, not including minor traffic offenses, please state the offense or offenses and the punishment assessed therefore.

20. If granted a Liquor and / or Gaming privileged license, I will conduct the business in accordance with the provisions of the laws of the State of Nevada and the ordinances of the City of Reno applicable to the conduct of such business, and that if such license be granted, it shall be subject to revocation in accordance with the provisions of the ordinance. Furthermore, I am the applicant named in this application, I have read the foregoing application and know the contents of the same, and that it is true to my own knowledge and belief.

Signature of applicant

Reno Business License Employee (if submitted in person)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicant) _____

(Signature of notarial officer)

21. IF A PARTNERSHIP, LIMITED LIABILITY COMPANY, OR CORPORATION, THE FOLLOWING MUST BE **SIGNED** BY ALL PARTNERS AND OFFICERS THAT OWN MORE THAN 10% OF COMPANY.

_____(name of applicant) is hereby authorized to make the foregoing application and to conduct the business sought to be licensed by this application. The applicant is hereby authorized to do all acts incident to the operation of said business and all acts so done by him in the conduct and operation of said business are hereby ratified and confirmed. The said applicant is hereby designated as a person upon whom may be served all necessary process or processes in any action that may be commenced against the undersigned by reason of the operation of the licensed business in any of the courts of the State of Nevada.

Signature of Applicant #1

Signature of Applicant #2

Signature of Applicant #3

Signature of Applicant #4

Reno Business License Employee (if submitted in person)

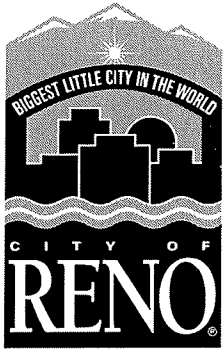
State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicants) _____

(Signature of notarial officer)

If unable to sign in the presence of a Reno Business License Employee, applicants' signatures must be notarized.



Liquor Operation Activities

Business Name: _____

Applicant, please initial by every activity that will apply to the operation of your business:

Selling Packaged liquor _____

Live entertainment _____

Night club _____

Alcoholic beverages will be served with food during all
operating hours. _____

Alcoholic beverages will be served with food during **part**
of the operating hours. The rest of the operating hours,
alcohol will be served at the bar without food
consumption. _____

Alcohol will be served for consumption on premise _____

Account Number: _____